

MAY 10 2001

**SUMMARY PREMARKET 510(k) NOTIFICATION**  
**For UniGlove Powder-Free Latex Examination Gloves WITH PROTEIN CONTENT**  
**510(k) Number: K010879 LABELING CLAIM (50 MICROGRAMS OR LESS)**

**Submission Applicant:**

N.S. Uni-Gloves Sdn. Bhd.  
Lot 3 & 4/4510 Senawang Industrial Estate,  
70450 Seremban, Negeri Sembilan  
Malaysia  
Telephone No. 60-6-677-2751/2  
Fax No. 60-6-677-2755

Registration No. 8040880      Devise Listing No. B 034616  
510(k) Number: K010879

**Official Correspondent in the United States:**

Robert D. Vander Leek, President  
UG Healthcare (USA) Inc.  
2420 Carson St., Suite 125  
Torrance, CA 90501

Telephone No.: (310) 328-7981  
Fax No.: (310) 328-7829

**Submitted: April 20, 2001**

**Description of the Device**

**Trade Name:** UniGlove Powder-Free Latex Examination Glove  
**Common Name:** Examination Gloves  
**Classification Name:** Patient Examination Glove (per 21 CFR 880.6251)  
**Class I Powder-Free Latex examination glove 80LYY that meets all of the requirements of ASTM Standard D 3578 - 00**

**Intended Use of the Device:** A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

**Summary of Technological Characteristics:**

**Material:** Latex      **Cuff:** Beaded      **Powder Residue:** Maximum 2mg/glove  
**Quality Assurance:** In compliance with ASTM D3578-00, EN 455-2 : 1995, EN 455-1 : 1993, ISO 2859-1:1989 and manufactured under GMP.

K010879

**Inspection Parameters:**

<u>Criteria</u>	<u>Inspection Level</u>	<u>AQL</u>
Dimensions	S-2	4.0
Physical Properties	S-2	4.0
Water Tight Test 1000ml	G-1	1.5
Visual Major Defects	G-1	1.5
Visual Minor Defects	G-1	2.5

**Physical Properties:**

**Dimensions:**

Overall Length:	240 mm minimum
Width:	95 mm minimum (for medium glove)
Palm Thickness:	0.15 to 0.20 mm (at center of palm)
Finger Thickness:	0.17 to 0.25 mm (at 15mm from tip of center finger)
Cuff Thickness:	0.10 to 0.15 mm (at 40mm from the beaded end)

	<u>BEFORE AGING</u>	<u>AFTER AGING</u>
Tensile Strength:	21. Mpa minimum	16.0 Mpa minimum
Ultimate Elongation:	700% minimum	500% minimum
Pinhole AQL	1.5 minimum	1.5 minimum

**Packaging:** 100 pcs per dispenser box, 10 boxes per case, 1,000 gloves per case

**Conclusion:** The UniGlove Powder-Free Latex Examination Glove meets the physical property requirements of ASTM D 3578-00 and the FDA 1000 ml water test both before and after aging.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

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N. S. Uni-Gloves Sdn. Bhd.  
C/O Mr. Robert D. Vander Leek  
Official Correspondent  
UG Healthcare (USA) Incorporated  
2420 Carson Street, Suite 125  
Torrence, California 90501

Re: K010879  
Trade/Device Name: UniGlove Powder-Free Latex  
Examination Gloves with Protein Content Labeling  
Claim (50 Micrograms or Less)  
Regulation Number: 880.6250  
Regulatory Class: I  
Product Code: LYY  
Dated: March 15, 2001  
Received: March 23, 2001

Dear Mr. Vander Leek:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

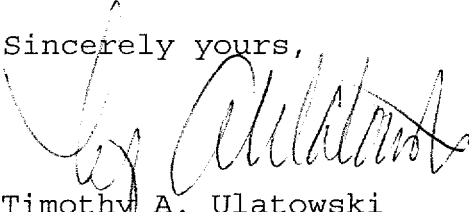
If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory

action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,



Timothy A. Ulatowski  
Director  
Division of Dental, Infection Control  
and General Hospital Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

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510(k) Number (if known): 010879 Latex

Device Name: UniGlove Powder-Free Examination Gloves WITH PROTEIN  
CONTENT LABELING CLAIM (50 MICROGRAMS OR LESS)

Indications For Use:

A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF  
NEEDED)

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use \_\_\_\_\_  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use X

(Optional Format 1-2-96)

Chin S. Lim

(Division Sign-Off)

Division of Dental, Infection Control,  
and General Hospital Devices

510(k) Number K010879